Brookline Recreation – Job Application133 Eliot Street

133 Eliot Street Brookline, MA 02467 www.brooklinerec.com

Staff Application

Phone: 617.730.2069

Fax: 617.879.0774

Personal History (Please Print)	
Name:	
Last First Middle	
Home Phone: () Cell Number: ()	
Present Address:	
Street City State Permanent Address:	Zip
Street City State	Zip
Email Address:	
Social Security Number: Age: Date	of Birth:
How did you hear about us?:(i.e. fi	
Seasonal Employment Desired □ Lifeguard □ Water Safety Instructor □ Pre-School Program (1-4years) □	After School Program
□ Rink Guard □ Tennis Court Attendant □ Ice Skate Lesson Instructor	□ Volunteer
□ Gym Programs □ Golf Maintenance □ Golf (Ranger/Starter)	
☐ Therapeutic/Special Olympics ☐ General Program Staff (Ski, RAF)	Γ Trins)
□ Other	-
Educational History Name Major	Graduation Date
High School	
College	
Graduate School	
Seliooi_	······································
Employment History	
Please list all past employment, beginning with your current or last position. You meet performed on a volunteer basis. (Attach additional sheets if necessary.)	ay include verified work
Company Name Full Address/ Position Held Dates Telephone and Supervisor	Reason for Leaving
1	
2	

Please indicate which	areas you can organize or teach	as an expert by circling a '	"1" which areas you can assist
	g "2", and which areas are just he	1 ,	i , which areas you can assist
1 2 3 Arts & Crafts	1 2 3 Tennis	1 2 3	Music
1 2 3 Computers	1 2 3 Dance	1 2 3	Drama
1 2 3 Sports	1 2 3 Aquatics	1 2 3	Nature Activities
1 2 3	_Other		
Other: Are you authorized to	work in the United States? Yes	No	
Do you hold a current	t driver's license? Yes	No	
State:	L	icense Number:	
Certifications: Please indicate you cu	urrent certifications and the expir	ration dates of each certifica	ation:
Lifeguard Training:	Yes / No Expires:	Water Safety Instructor:	Yes / No Expires:
CPR:	Yes / No Expires:	First Aid:	Yes / No Expires:
Other(s): Please be sp	ecific:		
References (Name	es of three persons not related to	you whom you have known	n at least one year.)
Name of Reference		usiness Address/Telephone	Years Known/Relationship
3			
Miscellaneous			
1. Why do you want	to work for the Brookline Recrea	ation Department?	
		•	
2. What do you thin have applied?	ak you can contribute to the Bro	ookline Recreation Departn	nent in the role for which you

As part of the application process, I authorize the Town of Brookline to check my Criminal and Sexual Offender Record. I understand a training session may be required prior to the start of my employment.

Applicant's Signatur	re:		
The Town of Brookline is an EOE/AA/ADA Employer			
Please return to:	Brookline Recreation 133 Eliot Street		

Fax 617.879.0774

Brookline, MA 02467

Email recreation@brooklinema.gov